

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031924

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1222-8

FILED SEP 5 1963

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield, Missouri

Length of stay in 1b

2 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. John's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY
OR TOWNSpringfield, Missourid. STREET
ADDRESS2614 W. BrowerInside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILLIAM

RONALD

EVANS Jr.

4. DATE
OF DEATH

Month

Day

Year

August

21

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ - Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 19

9. AGE (last birthday)

IF UNDER 1 YEAR
Months Days Hours Min.

2

12. CITIZEN OF WHAT COUNTRY

U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (City and state or country)

Springfield, Mo.

13a. FATHER'S NAME

William R. Evans

13b. MOTHER'S MAIDEN NAME

Jerelene Snow

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

William R. Evans, 2614 W. Brower

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fetal atelactasisConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pre-maturity

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-19-63 to 8-21-63 and last saw her alive on 8-21-63
Death occurred at 11:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

JEWELL E. WINDLE, Springfield, Mo

9-3-63

Bernie J. Windley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

8/23/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jewell E. Windle

Licensed Embalmer No. 4737

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.